

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3319

State File No. ....

323

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Louis Co</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo.</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKWOOD</b>		96	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>W.S. 890 N DICKSON</b>			
3. NAME OF DECEASED (Type or Print) <b>CARL</b>		a. (First)		b. (Middle) <b>GUSTAVE</b>		c. (Last) <b>SWENSON</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 10 1949</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Nov. 17, 1880.</b>		9. AGE (In years last birthday) <b>68</b>		10. MONTHS <b>1</b>		11. DAYS <b>24</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Green House</b>		11. BIRTHPLACE (State or foreign country) <b>Sweden</b>		12. CITIZEN OF WHAT COUNTRY? <b>Sweden</b>	
13a. FATHER'S NAME <b>Carl Swenson</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian Swenson</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Swenson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. ....		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Carl Swenson</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompensation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Diabetes Mellitus</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic hepatitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b> <b>10 years</b> <b>?</b> <b>?</b>	
19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>260</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY, OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>2-2</b> , 19 <b>48</b> , to <b>1-10</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>1-10</b> , 19 <b>49</b> , and that death occurred at <b>1:15</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Louis J. Howe M.D.</b>		(Degree or title)		23b. ADDRESS <b>2511 Brentwood Blvd</b>		23c. DATE SIGNED <b>1-11-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 13, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lafayette Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo</b>	
DATE REC'D BY LOCAL REGISTRAR <b>JAN 12 1949</b>		REGISTRAR'S SIGNATURE <b>L. B. Sauter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bull Campbell Mortuary 4215 Lindell</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9c-9433

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Rex P. Campbell*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3881*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.